

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 024047.370B-US02	
		First Inventor Todd R. Henderson	
		Title <b>THE USE OF ANABOLIC AGENTS, ANTI-CATABOLIC AGENTS, ANTIOXIDANT AGENTS, AND ANALGESICS FOR PROTECTION, TREATMENT AND REPAIR OF CONNECTIVE TISSUES IN HUMANS AND ANIMALS</b>	
Express Mail Label No.			

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>	<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <b>46</b>] <small>(preferred arrangement set forth below)</small> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R &amp; D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>5</b>]</p> <p>5. Oath or Declaration [Total Sheets <b>5</b>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p style="text-align: center;"><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: <b>Revocation of Power of Attorney With New Power of Attorney</b></p>
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: **10/192,318**

Prior application information: Examiner **Shengjun Wang** Art Unit: **1617**

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The Incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

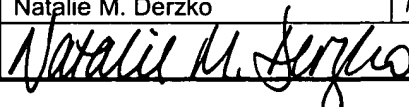
  

**19. CORRESPONDENCE ADDRESS**

☒ Customer Number: **26853** OR ☐ Correspondence address below

Name		<b>COVINGTON &amp; BURLING</b>			
Address		<b>1201 Pennsylvania Avenue, NW</b>			
City	Washington	State	D.C.	Zip Code	20004-2401
Country	USA	Telephone	202.662.6000	Fax	202.662.6291

Name (Print/Type)	<b>Natalie M. Derzko</b>	Registration No. (Attorney/Agent)	<b>48,102</b>
Signature		Date	<b>April 15, 2004</b>



Docket No.: 024047.370B-US02  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Todd R. Henderson et al.

Application No.: Continuation of 10/192,318

Group Art Unit: N/A

Filed: April 15, 2004

Examiner: Not Yet Assigned

For: THE USE OF ANABOLIC AGENTS, ANTI-  
CATABOLIC AGENTS, ANTIOXIDANT  
AGENTS, AND ANALGESICS FOR  
PROTECTION, TREATMENT AND REPAIR  
OF CONNECTIVE TISSUES IN HUMANS  
AND ANIMALS

**TRANSMITTAL LETTER**

**MS Patent Application**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

1. Fee Transmittal;
2. Utility Patent Application Transmittal;
3. Application Data Sheet;
4. Utility application comprising: 43 pages of description; two (2) pages of claims (five claims); a one (1) page abstract; and five sheets of drawings (Figs. 1-5);
5. Copy of the Declaration for Patent Application filed in prior Application No. 10/192,318;

6. Copy of the Revocation of Power of Attorney with New Power of Attorney filed in prior Application No. 10/192,318;
7. Copy of the Statement under 37 CFR 3.73(b) filed in prior Application No. 10/192,318;
8. Copy of the Verified Statement (Declaration) Claiming Small Entity Status (37 CFR 1.9(f) and 1.27(b)) - Independent Inventor filed in prior Application No. 10/192,318;
9. Copy of the Verified Statement (Declaration) Claiming Small Entity Status (37 CFR 1.9(f) and 1.27(c)) - Small Business Concern filed in prior Application No. 10/192,318;
10. Information Disclosure Statement;
11. Forms PTO/SB/08a/b (8 pages);
12. Check No. 327297 for \$385.00 to cover the basic filing fee; and
13. Two return receipt postcards.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 50-0740, under Docket No. 024047.370B-US02. A duplicate copy of this paper is enclosed.

Dated: April 15, 2004

Respectfully submitted,

By

  
Paul J. Berman

Registration No.: 36,744

Natalie M. Derzko

Registration No.: 48,102

COVINGTON & BURLING

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13281 U.S. PTO  
041504

PTO/SB/17 (10-03)  
Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004				Complete if Known	
Effective 10/01/2003, Patent fees are subject to annual revision.				Application Number	Continuation of 10/192,318
				Filing Date	April 15, 2004
				First Named Inventor	Todd R. Henderson
				Examiner Name	Not Yet Assigned
				Art Unit	N/A
				Attorney Docket No.	024047.370B-US02
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$)		385.00	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																															
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">50-0740</span> Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Covington &amp; Burling</span> The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		<b>3. ADDITIONAL FEES</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="6"><b>SUBTOTAL (2)</b> (\$ )</td></tr> </tbody> </table>		Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	86	2201	43	Independent claims in excess of 3		1203	290	2203	145	Multiple dependent claim, if not paid		1204	86	2204	43	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b> (\$ )					
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1001	770	2001	385	Utility filing fee	385.00																																																																																																																																																																																																																																																																																												
1002	340	2002	170	Design filing fee																																																																																																																																																																																																																																																																																													
1003	530	2003	265	Plant filing fee																																																																																																																																																																																																																																																																																													
1004	770	2004	385	Reissue filing fee																																																																																																																																																																																																																																																																																													
1005	160	2005	80	Provisional filing fee																																																																																																																																																																																																																																																																																													
<b>SUBTOTAL (1)</b> (\$ )																																																																																																																																																																																																																																																																																																	
Large Entity		Small Entity		Fee Description	Fee Paid																																																																																																																																																																																																																																																																																												
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1202	18	2202	9	Claims in excess of 20																																																																																																																																																																																																																																																																																													
1201	86	2201	43	Independent claims in excess of 3																																																																																																																																																																																																																																																																																													
1203	290	2203	145	Multiple dependent claim, if not paid																																																																																																																																																																																																																																																																																													
1204	86	2204	43	** Reissue independent claims over original patent																																																																																																																																																																																																																																																																																													
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																																																																																																													
<b>SUBTOTAL (2)</b> (\$ )																																																																																																																																																																																																																																																																																																	

\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		(Complete if applicable)	
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Signature	<i>Natalie M. Derzko</i>	Telephone	(202) 662-6000
		Date	April 15, 2004